



Township of Ocean

Department of Utilities Billing Department

609 693-3302 ext.232

609 242-8672 - fax

Review Application No. _____

Exhibit B

Application for Review of PRELIMINARY PLANS for WATER/SEWER* SYSTEM FACILITIES

An original and two (2) copies of this application must be filed with the Township of Ocean and shall be accompanied by a review fee determined in accordance with the Township of Ocean's current Fee Schedule. Application is hereby made for review and approval of preliminary plans for the construction of water/sewer* system facilities.

1. Applicant's Name _____

Address _____ Phone _____

2. Name and address of present owner (if other than #1 above).

3. Location of Proposed Construction:

(Street)

(Tax Map Block)

(Tax Map Lots)

4. Number of Proposed Connections to be served _____

Estimated Average Daily Usage or Flow per Connection (in gallons per day) _____

5. Name and profession of person designing plans:

Name _____ Profession _____

Address _____ Phone _____

6. Describe the proposed water/sewer* system facilities:

** Please circle one



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7. List plans and other supporting data accompanying this application:

Signature of Applicant: _____ Date: _____

Make all checks payable to: Township of Ocean

DO NOT WRITE BELOW THIS LINE

Date received and fee collected by Tax/Utility Office _____
(Date) (Fee)

Date Application Completed: _____

Engineer's Review Remarks: _____

Action by the Township of Ocean Utility Department

Review remarks: _____

Approved: _____ Disapproved: _____

Recommendations: _____

Date: _____ Signed: _____